Saint Rose Catholic School

4300 Old Redwood Highway
Santa Rosa, CA 95403
(707) 545-0379

APPLICATION PACKET
Kindergarten – 8th Grade

Developmental Readiness Screenings:
Screenings will be held in for Kindergarten applicants who return the completed application by January 29th.

Application for all grades is ongoing

www.strosecatholicschool.org

St. Rose Catholic School
ADMISSION POLICY
Notice of Non-Discrimination Policy as to Students

School Student Non-Discrimination Policy
The school, mindful of its mission to be a witness to the love of Christ for all, admits students regardless of race, color, national origin, and/or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school.

The school does not discriminate on the basis of race, color, disability, medical condition, sex, or national and/or ethnic origin in the administration of educational policies and practices, scholarship programs, and athletic and other school-administered programs, although certain athletic leagues and other programs may limit participation.

While the school does not discriminate against students with special needs, a full range of services may not always be available to them. Decisions concerning the admission and continued enrollment of a student in the school are based upon the student's emotional, academic, and physical abilities and the resources available to the school in meeting the student's needs.

PLEASE READ BEFORE COMPLETING THE APPLICATION FORMS

Age requirement for kindergarten enrollment: The state of California requires a child to be 5 years old by September 1st in order to enter a regular kindergarten class. St. Rose will be using this date as a guideline as well. However, we feel that there are many indicators of readiness besides the date of birth. Please call the school if you have questions about this.

APPLICATION CHECKLIST

The following items should be attached to your application upon submission. We understand some documents may take time to procure. Please submit what you have available in order to be placed on the waiting list.

◯ **Copy of most recent report card and test scores** (Grades 1-8)

◯ **Attach application fee: a non-refundable fee of $25 per child is due at the time the application is submitted.**

◯ **Birth certificate**: Please provide a **copy** of the certificate (non-returnable).

◯ **Baptismal/First Communion certificates**: Please provide a **copy** of these certificates if applicable (non-returnable).

◯ **Recent wallet size photo** of your child (non-returnable)

VERIFICATION of IMMUNIZATION Please provide proof that your child has had the required immunizations for school entry. **A child may not attend school without the following on file**:

◯ **Copy of immunization record**

◯ **Report of Health Examination for School Entry** (PM 171A): Incoming Kindergartners and 1st Graders are required to have a health checkup before school entry. Kindergarten physicals must occur AFTER MARCH 15TH in order for the exam to qualify for the 1st grade exam. This is mandated by the State of California Child Health and Disability Prevention Program. Parents will be given a "Report of Health Examination for School Entry" (PM 171A) with the application.
A completed PM 171A is due no later than August 15th.

◯ **Incoming 7th grade students must provide verification of the Tdap booster before the first day of school.**

Letters of Acceptance or Waiting List Status will be mailed to all parents of kindergarten applicants by early April. **Registration forms and fees for those accepted will be due in early April.**

PARENT'S GUIDE TO IMMUNIZATION REQUIREMENTS
For Children Entering School or Child Care in California

THIS IS WHAT IS REQUIRED AT THE TIME APPLICATION IS MADE TO THE SCHOOL:

Parent/Guardians must provide a copy of the child's *verified immunization record* with the application.
It must show the date (mo/day/yr) your child was given each required shot.

IMMUNIZATIONS REQUIRED FOR SCHOOL

If your child's record is missing some doses, please contact your doctor or clinic soon to schedule an appointment for when these doses will be due.
State law requires the school to refuse attendance to children until all requirements have been met.

The State of California has eliminated the personal and religious beliefs exemption. Your child may be exempt by a doctor because of a medical condition. If this be the case, an exemption signed by your child's physician may be acceptable. Contact our school office for details.

CHECKUP REQUIREMENT FOR INCOMING KINDERGARTNERS & 1ST GRADERS

Report of Health Examination for School Entry (PM 171A): Incoming Kindergartners and 1st Graders are required to have a health checkup before school entry. Kindergarten physicals must occur AFTER MARCH 15TH in order for the exam to qualify for the 1st grade exam. This is mandated by the State of California Child Health and Disability Prevention Program. Parents will be given a "Report of Health Examination for School Entry" (PM 171A) with the application.
A completed PM 171A is due no later than August 15th.

The school requires this form be completed by your child's physician or health clinic and be on file in our school office by **AUGUST 15th**. Kindergarten applicants should have this exam NOT BEFORE, but BETWEEN **March 15th – August 15th.** This is **mandatory** for all incoming kindergartners and new enrolling first graders.

REQUIREMENTS FOR INCOMING 7TH GRADE STUDENTS

Incoming 7th grade students must provide verification of the Tdap booster before the first day of school.
Proof that your student has had the Tdap booster shot must be provided before the first day of school.

APPLICATION FOR ST. ROSE CATHOLIC SCHOOL

PLEASE PRINT CLEARLY and COMPLETE ALL FORMS

DATE SUBMITTED TO ST. ROSE ____ / ____ / ____ **FOR SCHOOL YEAR ____ / ____**

Child's: FIRST NAME	MIDDLE	LAST NAME	Birthdate	Gender	Entering Grade
			___/___/___	M / F	

Child's ADDRESS - # / Street	City / Zip	School presently attending

IF APPLICABLE:

Baptismal Date _____	**First Eucharist Date** _____	**PARENTS' RELIGION if NOT Catholic**
Church: _____	**Church:** _____	**Mother** _____
City / State _____	**City / State** _____	**Father** _____

PARENT/GUARDIAN INFORMATION (PRINT First & Last name of both parents / guardians if applicable)

FATHER / Parent/Guardian # 1

First & Last Name	Daytime Phone #	Email address
Mailing Address (IF DIFFERENT THAN ABOVE)	**City / ZIP**	**OCCUPATION**

MOTHER / Parent/Guardian # 2

First & Last Name	Daytime Phone #	Email address
Mailing Address (IF DIFFERENT THAN ABOVE)	**City / ZIP**	**OCCUPATION**

Please check all that apply:

◯ Sibling of current St. Rose student
Sibling Name: _____ Grade____

◯ Registered, active member of St. Rose Parish
◯ Donate regularly through the church envelope OR
◯ Don't use church envelopes

◯ Registered, active Catholic Family who attend Mass regularly in: _____ parish

◯ Non-Active Catholic Family
◯ Non-Catholic Family

◯ Other siblings living in household?
Sibling Name_____ Grade____

Sibling Name_____ Grade____

◯ Child lives with both parents in the same household.

Primary language in home:
◯ English ◯ Spanish ◯ Other

Complete if child does not live with both natural parents:
◯ Parents divorced
◯ Father remarried ◯ Mother remarried
◯ Lives with Father when?
_____
_____

◯ Lives with Mother when?
_____
_____

◯ Father deceased ◯ Mother deceased

Office Use Only Payment Info	Office Use Only MSP / FINANCE /	Office Use Only Acceptance: Registration sent:

St. Rose Catholic School

DIOCESE OF SANTA ROSA
4300 OLD REDWOOD HIGHWAY
SANTA ROSA, CALIFORNIA 95403

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

RE: Student: Print F/L _____ Birthdate: _____

Present School of Attendance: _____ Grade: _____

Address: _____

City/State/Zip Code: _____

I, _____, the parent or legal guardian of the above named student, hereby authorize the principal of **Saint Rose Catholic School** to release school records including achievement, enrollment, health and developmental data, to the person, institution, or agency named below:

Mail to:

Principal
Saint Rose School
4300 Old Redwood Hwy.
Santa Rosa, CA 95403

TO THE PARENT: Saint Rose School will send this request for the cumulative records of your student only when they have been accepted for enrollment into Saint Rose School.

I understand that the records are released only on the condition that the receiving person or agency will not release these records without the written consent of the parent or legal guardian.

_____ _____

Signature of Parent or Legal Guardian Relationship to Student

Retain in student's cumulative record after forwarding copies of requested records.

PARENT QUESTIONNAIRE

Please use the back of this sheet if your answers require more space.

1. What are your reasons for wanting your child to attend St. Rose School?

2. How do you practice your faith?

3. Has your child had any formal religious education? If so, when and where?

4. How have you educated your child in the faith at home?

5. To what parish or church do you now belong and how have you contributed your time, talent, and treasure there?

6. Have you read our school handbook which is available on our website www.strosecatholicschool.org and do you agree to abide by the policies stated there?

7. Are you prepared to undertake the financial responsibility of a Catholic education, which increases annually and includes tuition and fundraising?

8. Are you willing to participate in specific St. Rose Parish liturgies with your child's class occasionally?

9. Are you willing to become an active member of the St. Rose Parents' Association by contributing a minimum of 25 service hours each year and support all our various fundraisers?

10. Are there any particular circumstances of which we should be aware that would help your child to be more successful in school?

SIGNATURES:

FATHER/GUARDIAN: _____ Date_____

MOTHER/GUARDIAN: _____ Date_____